STATEMENT OF ORGANIZATION		OFFICE USE OI
Name and Address of Committee	2. Date of this Statement	PAC
Citizens for a Safer Latourche	3/20/14	3/34 <b>1</b>
	Estimated Membership	
	20	400338
Check If:	4. Amended Statement?	
New Committee Monthly Filer	YesNo	
5. All Committee Officers and Directors (including Chairperson, Treasure	er, if any, and any other committee of	officers and directors)
a. Name b. Position	c. Address	
Andrea Stentz Chairperson	The Astron	Dine
Treasurer	Thibodaux,	1030
Affiliated Organizations     (Any organization, other than a political committee, which directly or in	ndirectly established, administers, or	financially supports this committee.)
a. <u>Name</u> b. <u>Address</u>		c. Relationship to Committee
,		
All Depositories for Committee Funds (committee funds must be deposituds.)	osited in one or more banks or savin	gs and loan institutions or money market mutual
a. <u>Name</u> b. <u>Address</u>		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Cr Committee	neck one: Principal Camp	paign Committee Subsidiary
b. Name of Candidate		c. Office Sought by the Candidate
·		Engli
9. a. Name of Person Preparing Report	h.	7 77
9. a. Name of Person Preparing Report Andrea Stens b. Daytime Telephone 985-209-29	18	<b>8</b>
b. Daytime Telephone 985 209 29  10. WE HEREBY CERTIFY that the information contained in this STATE		
and belief.	MENT OF ORGANIZATION IS true at	nd correct to the best of our knowledge, information
This 201 day of Marchy . 70 1	4	<b>37</b>
( ( ) AVI AD		W. 220 2211
Signature of Complittee Chairperson		785-209-2918 time Telephone Number
	7	•
Signature of Committee Treasurer, if any	Day	rtime Telephone Number
		the state of the s